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UTILITY PATENT APPLICATION TRANSMITTAL

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Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450				Attorney Dock	et No.	INY3047/EM		
				First Named II (or identifier)	nventor	/u-Chuan LIN		
				Total Pages	2	25	0	
Transmitten herewith is a natent annilcation tinner 37 C.E.K. (3310).								
Entitled: Device And Method For Rec				cording B	lock Status	Information	235 U.S.	
⊠ 1.	Submitted herewith are the following:							
	12 pages of specification, including claims and Abstract. 3 sheets of FORMAL drawings (Figs. 1-3). 21 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Assignment of the invention to RiTek Corporation, Hukou Township, Hsinchu County, Taiwan, R.O.C., Cover Sheet, and payment of the \$40 recordal fee. 1 check in the amount of \$828 (\$770- Filing Fee; \$18- Extra Dependent Claim Fee; \$40- Assignment Recordation Fee).							
□ 2.	SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.							
⊠ 3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.							
□ 4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed							
□ 5.	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed							
□ 6.	Other:							
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.								
THE FILING FEE IS CALCULATED AS FOLLOWS:				LLOWS:		Basic Fee:	\$770.00	
	Total Claims:	21	- 20 =		1.00	X \$18 =	\$18.00	
Indeper	ndent Claims:	2	- 3 =		0	X \$86 =	\$0.00 \$0.00	
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176				Multiple Deper	Multiple Dependent Claim (add \$290.00):			
			CUSTOMER NUM	UMBER	500/ Bad	Subtotal:		
Phone: 703-683-0500 Fax: 703-683-					50% Reduction if Small Entity Status: Total:		\$0.00 \$788.00	
Date: Name:					Signature: F			
November 25, 2003		Eugene Mar						